

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL RESEARCH SERVICE—PLANT SCIENCES INSTITUTE
SYSTEMATIC ENTOMOLOGY LABORATORY-TAXONOMIC SERVICES UNIT

IDENTIFICATION REQUEST

- NOTE:
- Please type all information.
 - Do not write in shaded areas.
 - Give explanations where requested in "Remarks" section at bottom of form.
 - Attach additional pages if (and only if) more space is needed.

| | |
|---|------------------------|
| TSU LOT NO. | TSU PRIORITY |
| DATE | Sender's Reference No. |
| DATE IDENTIFICATION REQUIRED (month, day, year) if less than two months, explain below. | |
| TOTAL NUMBER SENT Pinned: Vials: Slides: Other: | |

NAME & COMPLETE MAILING ADDRESS OF SENDER (Include Zip Code)

RETURN TO (If other than sender) (Include Zip Code)

SOURCE

- | | |
|---|---|
| AR <input type="checkbox"/> ARS | SU <input type="checkbox"/> State University |
| AP <input type="checkbox"/> APHIS-PPQ | OS <input type="checkbox"/> Other State |
| FS <input type="checkbox"/> FS | PU <input type="checkbox"/> Private University |
| DD <input type="checkbox"/> U.S. Military | IN <input type="checkbox"/> Individual |
| OF <input type="checkbox"/> Other Federal | CO <input type="checkbox"/> Commercial Organization |
| SA <input type="checkbox"/> State Agricultural Agency | FN <input type="checkbox"/> Non-U.S. |
| | CI <input type="checkbox"/> CICP |

LEVEL/TYPE OF IDENTIFICATION NEEDED

- ☐ Family ☐ Genus ☐ Species
- ☐ Positive or negative verification of ecological group:
- ☐ phytophagous ☐ parasitic ☐ predaceous
- ☐ saprophagous ☐ aphidophagous ☐ other:

OTHER INFORMATION REQUESTED—Will be supplied as conditions allow, as determined by taxonomist. Note reasons information is needed.

SOURCE OF PROJECT SUPPORT

- | | | | | |
|--------------------------------|--|------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> ARS | <input type="checkbox"/> APHIS | <input type="checkbox"/> FS | <input type="checkbox"/> CSRS | Regional project no: |
| <input type="checkbox"/> Hatch | <input type="checkbox"/> EPA | <input type="checkbox"/> DOI | <input type="checkbox"/> NIH | <input type="checkbox"/> NSF |
| <input type="checkbox"/> USAID | <input type="checkbox"/> Other (Specify) | | | <input type="checkbox"/> FAO |

SPECIMENT DISPOSITION—See Instruction Sheet. If you wish specimens returned, please provide justification below. Duplicate specimens encouraged—see instruction sheet.

- ☐ Return ☐ Keep or discard

FTS2000, ASRR, INTERNET or BITNET USER ID:
or FAX # (including area code):

TELEPHONE REPORT REQUESTED

If yes, give number—include area code and extension.
Requests are handled at the discretion of SEL, TSU

DESCRIPTION OF PROJECT—Include Project Title and name of Project Leader. (Reference previous communications pertaining to this submittal)

REMARKS (Explanations, tentative identification, etc.)

FOR TSU USE
DATE RECEIVED

NO.
LABEL
SORTED
PREPARED

DATE ACCEPTED

CC's OR TEXT